Department of Health Public Health Service, N	Request Permit To (C)	,	2. Permit is for:		
	Introduce from within	n U.S.	Rodent		
Application for P Rodents and R	Import into U.S.	<u> </u>	Rodent Products		
		3. Mode of Transportatio Air	n	Original point of entry; airport, city, state	
See NIH Manual 3043-1 for complete instructions. Use additional sheets if more space is needed.		Ground			
5a. To (Name of requester) 5b. Institute/Laboratory			s, E-mail ad	ldress, phone no. and fax no. of	
5c. NIH Address (Bldg./Rm.)	5d. E-mail address	facility)			
36. Nii i Addiess (<i>Didg./Niii.)</i>	Ju. L-mail address				
5e. Phone No.	5f. FAX No.				
7. Genus and Species, Common Name	e(s), Correct Nomenclature, Color, Stra	ain/Stock or Description of Roder	nt Product		
8a. Origin and Brief History of the Source	8b. Have these animals be	8b. Have these animals been injected/manipulated?			
		8c. Location currently hou	8c. Location currently housed		
9a. Number of Animals to be Received	Building:	Building: Room: 9b. Approximate Date of Arrival 10. Approximate Date of Arrival 11. Approximate Date of Date Date Date Date Date Date Date Date			
Male: Female:	9b. Approximate Date of A	Propos			
11a. Medical History of the Originating C	olony or Tissue.				
11b. Has colony or tissue been checked	for Ectromelia (mouse pox), Lymphoc	cytic Choriomeningitis (LCM) viru	s, and han	tavirus (if applicable)?	
Yes No 11c. What diseases or parasites are known	wn to be present in the originating color	nv?	11d. Can th	lese animals mount an antibody	
Currently?	,	respor			
12. Name, title, E-mail address, phone r			al requirements for handling animals		
FAX no. of sending institution's facili veterinarian or designee	ity be housed and/or	r used	_	ue during the quarantine period ver of Quarantine	
			Qua	rantine at:	
	13h le this location lie	sted in the approved ASP?	DO NOT BLEED Breed during quarantine Other		
	Yes N				
	15. Requester's			16. Date Signed	
I certify that these animals or tissues	\			To. Date Signed	
will be used in accordance with all restrictions and precautions as may be		17. Signature of IC Animal Program Director		18. Date Signed	
specified in the permit.	I /	19. Signature of Facility Veterinarian		20. Date Signed	
21. Facility Health Requirements	V				
21. Tuolity Houter Requirements					
Por	mit to Introduce Rod	ents and Podent	Drodu	cte	
1. Permit Number	init to introduce Rou	ents and Nodent	FIOUU	CIS	
2. Restrictions and Precautions.	Quarantine Required? No	Yes; quarantine location:			
		_			
Signature of VRP Rodent Import Office	per or designee			4. Date Signed	
5. Signature of VICE Routent Import Office	on or acargined			The Date Signed	